



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

ADDRESS DISCLOSURE REQUEST

INSTRUCTIONS

Complete this form and return it to the Division of Child Support (DCS) at the address listed on page 2.

1. If you mail this form to us, you must have it notarized.
2. If you personally deliver this form to us, you do not have to have it notarized. You will have to provide us with identification that proves you are the person who signed the form.
3. If your attorney signs and mails this form to us, your attorney does not have to have it notarized.

Mark either box 1, 2, or 3 below. If you select box 1, you also must mark either box a or b. **Except for your signature, print or type all responses.**

REQUEST

1. ☐ I request the address of the children listed below to establish, enforce, or modify the custody, visitation, parenting time, or residential provisions of my court order. There is no court order restricting my custody, visitation, parenting time, or residential rights.
 - a. ☐ I already gave DCS a copy of the most recent court order. This order grants my custody, visitation, parenting time, or residential rights. My rights have not changed.
 - b. ☐ I attached a copy of the most recent court order. This order grants my custody, visitation, parenting time, or residential rights. My rights have not changed.
2. ☐ I request the home address of the other party (named below) to my child support order. I need this information to establish, enforce, or modify a child support order.
3. ☐ I request the work address of the other party (named below) to my child support order. I need this information to establish, enforce, or modify a child support order.

My Full Name

My P.O. Box or Street Address

My Social Security Number

My City

State

Zip Code

Full Name of the Other Party to my Support Order/Children's Custodian

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

SIGNATURE

I understand that Washington State law does not allow me to give the information requested on page 1 to anyone except as needed to take the legal action for which I requested it.

Date

My Signature or My Attorney's Signature

NOTARIZATION

State of _____

County of _____

Signed or affirmed before me on _____ by _____.

Signature

Title

My appointment expires _____

If you have questions, contact:
DIVISION OF CHILD SUPPORT

TTY/TDD services available for the speech or hearing impaired.

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.
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In reply, refer to:
Case #: